

FILE NOW: FILING FEE IS **\$61.25**

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730242 (5)
1. Corporation Name
FUNERAL AND MEMORIAL SOCIETY OF LEON COUNTY, INC



Principal Place of Business: 1006 BUENA VISTA DR. TALLAHASSEE FL 32304
Mailing Address: 1006 BUENA VISTA DR. TALLAHASSEE FL 32304

3. Date Incorporated or Qualified: 07/19/1974
4. FEI Number: 59-2355002
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: SWAIN, CHARLES W. 1006 BUENA VISTA DRIVE TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RODNEY F.	1.2 NAME	
STREET ADDRESS	1105 LASSWADE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, CHARLES W.	2.2 NAME	
STREET ADDRESS	1006 BUENA VISTA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIFER, GREGG	3.2 NAME	
STREET ADDRESS	1584 MARION AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASEK, JUNE G	4.2 NAME	
STREET ADDRESS	1024 SEDGEFIELD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREYFUS, JOAN	5.2 NAME	
STREET ADDRESS	0004 MICOOSUKEE RD. MLC	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, POLLY S	6.2 NAME	
STREET ADDRESS	2715 BLAIR STONE LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

Handwritten entries for Block 13:

CLAY, LOUISE
3007 ECHO POINT LANE
TALLAHASSEE FL 32310-6401

LUEBKEMANN, HEINZ
3004 BROOKMONT DRIVE
TALLAHASSEE FL 32312

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. Swain 5-8-98 224-2082

CR2E037 (10/97)